

Name
in
Full

Peter Alexander Chisholm

CERTIFICATE OF DEATH

Died at Oakland ^{Town} Ind. Garrett County ^{County} MARYLAND

Date of death 1900 ^{Month} Jan. ^{Day} 30 ^{Years} Age 68 ^{Months} 1 ^{Days} 25

Sex Male Color or Race White man Birth-place Swan Meadows Maryland

Occupation Carpenter Where Residing if not at place of death at home Oakland Ind.

Married, Single or Widowed Married Name of Wife or Husband Mary Susan Mason

Father's Name James Chisholm Father's Birthplace Kelipat, Iowa

Mother's Maiden Name Margery Mason Mother's Birthplace Kingwood, W. Va.

Name of person giving Information Mrs S. Mason How related to deceased Sister

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Chronic Intestitis How long 1 year

Immediate Uremia How long 1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

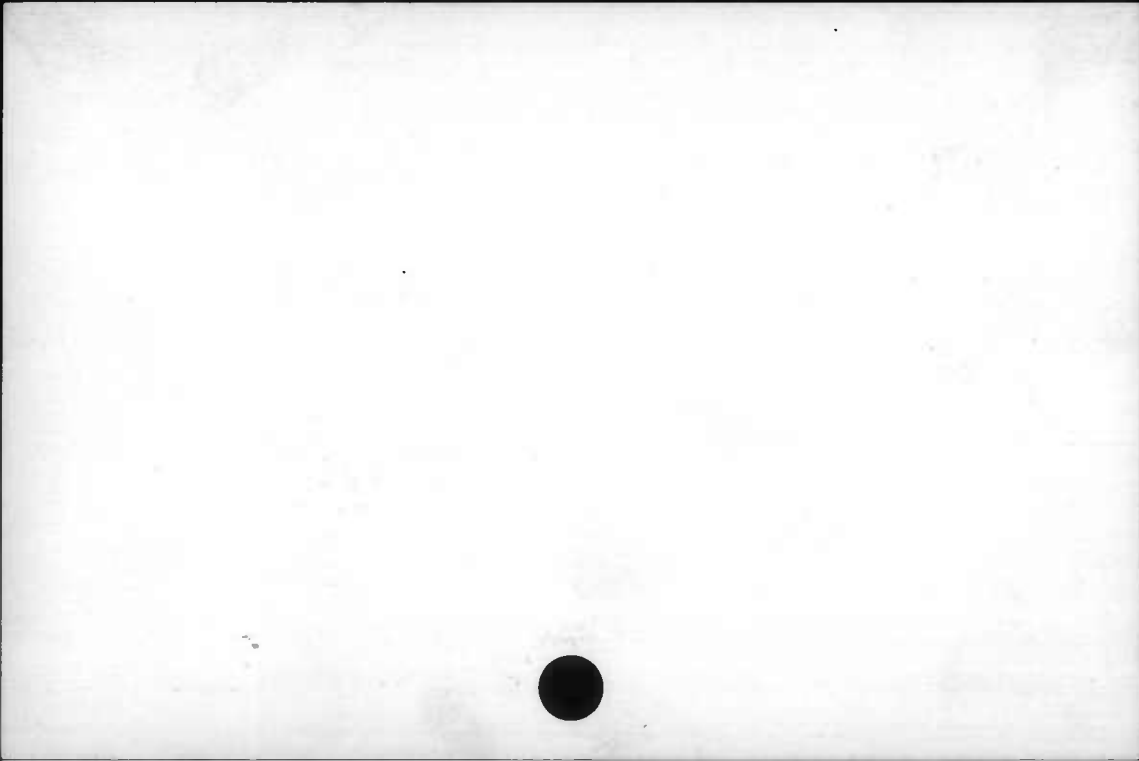
Address

E. J. West
Sul - Registrar
Columbiana, Mo

Accident or Suicide

PHYSICIAN
OR CORONER

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Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


Name *John Johnson* Town *Mt Lake Park* County *Waret* MARYLAND
Died at *Mt Lake Park*
Date of death *1940* Month *Jan* Day *28* Age *6* Years Months *2* Days *10*
Sex *Male* Color or Race *White* Birth-place *Ind.*
Occupation *✓* Where Residing if not at place of death

~~Married~~ Single or Widowed ~~Name of Wife or Husband~~
Father's Name *John Johnson* Father's Birthplace *St. Va*
Mother's Maiden Name *Do not know.* Mother's Birthplace *Johnson*
Name of person giving Information *Otto Klepfisz* How related to deceased *Not at all*

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary *Tuberculosis of hip* How long *9 months*
Immediate *Tuberculosis of lungs* How long *month*
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician *M. C. Kriebaum* Address *Baltimore Md*
Reported by *E. A. Lower* 
Accident or Suicide



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sallie Speker*
Died at *Lock Lynn* Town *Garrett* County
Date of death *1960 Jan 24* Month *Jan* Day *24* Age *84* Years
Sex *Female* Color or Race *white* Birth-place *MD*
Occupation *HW* Where Residing if not at place of death

MARYLAND

Married, Single or Widowed *Widow* Name of W.ife or Husband *Joseph H. Speker*
Father's Name *Harshbarger* Father's Birthplace *Penn.*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *Lincoln Collins* How related to deceased *son-in-law*

CAUSES OF DEATH

154

Primary *Sclerosis of Arteries - sclerotic some time* How long
Immediate *Heart failure* *Instantaneous* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

